



## TYROSINE KINASE INHIBITORS FOR NSCLC PA SUMMARY

**MEDICATION NAMES:** Gilotrif (afatinib), Xalkori (crizotinib), Zykadia (ceritinib)

**STATUS:** Preferred

**NOTE:** Criteria for Tarceva is located in a separate document titled "Tarceva".

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

#### *Criteria for Gilotrif*

- ❖ Approvable for metastatic non-small cell lung cancer (NSCLC) if the member has tested positive for epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 substitution mutations as detected by an FDA-approved test

#### *Criteria for Xalkori*

- ❖ Approvable for non-small cell lung cancer (NSCLC), locally advanced or metastatic, if the member has tested positive for anaplastic lymphoma kinase (ALK) positive NSCLC

#### *Criteria for Zykadia*

- ❖ Approvable for non-small cell lung cancer (NSCLC), locally advanced or metastatic, if the member has tested positive for anaplastic lymphoma kinase (ALK) positive NSCLC AND
- ❖ Member has disease progression or intolerable side effects with crizotinib (Xalkori).

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.